

BARNES HOSPITAL BULLETIN

VOL. XXII, NO. 2

BARNES MEDICAL CENTER, ST. LOUIS, MO.

FEBRUARY, 1968

Dr. Snowman Is New Barnes Resident



GREETING THE NEW YEAR, this snowman was discovered outside the Emergency Room on the first Monday in January. It was the first big snow of the season and some unknown person or persons had built him over the weekend. Noticing that he lacked the professional look of most of our men in white, Miss Carolee Smissman, secretary to Dr. Arthur Eisen in dermatology, added the stethoscope and little black bag.

Specialists Comment

Questions Arising on Ethics In Human Organ Transplants

Organ transplant surgery is always news. At Barnes, several patients have received healthy kidneys from donors. Last month, the world watched the progress of the first recipient of a human heart. Since then, others have undergone heart transplant surgery, on each coast of the U. S., and again in South Africa, the site of the first operation.

Here in our medical center, the news of the transplant was greeted eagerly. Barnes' chief thoracic surgeon, Dr. Thomas Burford, said "It's a perfectly wonderful accomplishment. It will stimulate others, and encourage people in the fundamental sciences to redouble their efforts in studying the rejection phenomenon."

Two members of the medical staff and a representative of the clergy were queried about their thoughts on human transplants.

Question: Are there any ethical and moral problems on heart transplantation?

Dr. Burford: I don't see any. They are not risking human life if the donor is dead and the relatives have agreed to giving the organ. The person to receive the organ is fortunate. It's his chance for life.

Q: Is it right to hasten a patient's death if it is sure the patient will die later?

Dr. Burford: I don't think so. We're not given that prerogative.

Q: How do you define death?

Dr. Burford: To me, a person is alive as long as his heart is beating or there

(Continued on Page 2)

Pharmacy Adds 'Clean Room' For Intravenous Medications

One of Many Services Provided by Pharmacy

Barnes pharmacists have been working with some of the most up-to-date equipment manufactured for pharmacists since their move into Queeny Tower in 1965. This up-to-dateness is reflected in a new service they now provide to the hospital.

It will take place in a "clean room" which has been specially designed and equipped to keep the area in which the pharmacist works as sterile as possible. Here he can add medications to intravenous solutions which will be later administered to patients in all parts of the medical center. (These solutions are injected or infused into the patient's veins, and therefore it is essential that sterile conditions be maintained just as they would be kept in an operating room.)

Clean Air Center

In the room will be a microvoid, or clean air center, which filters dust and bacteria out of the air. This microvoid is a box, three feet wide and two feet deep. The pharmacist works with his hands inside the box where the air is 99% sterile. (Culture counts have proven this to be true.) In addition to intravenous additives, the microvoid is used in preparing irrigating fluids, and in

the future, ophthalmic solutions for patients. It has many other potential uses, and can be used for mixing special formulas a doctor might prescribe occasionally for a specific ailment.

Sterile Clothing

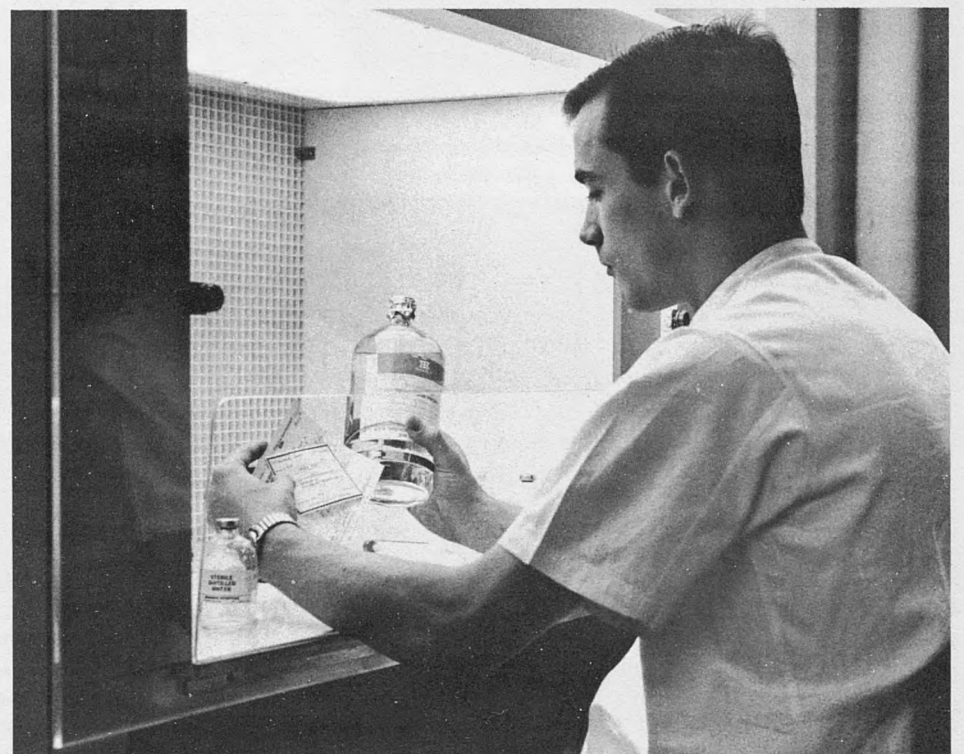
The "clean room" will also have stainless steel cabinets, a double sink and a large hood to carry off fumes. It will be maintained and cleaned just like an operating room. The pharmacists working in the area will scrub and gown just as the doctors and nurses do before surgery. Housekeeping personnel will wear sterile clothing too when cleaning the room.

After hearing about the merits of the clean air center at national pharmacy meetings, Mrs. Mueller, chief pharmacist, recommended it for Barnes. "We saw how it could help the patient and the hospital," she said.

Aid to Nurses

In the past, registered nurses prepared intravenous additives on the nursing floors. Now that the pharmacy provides this service, the nurse is able to devote more time to patient care. The patient also benefits because the pharmacist checks for the compatibility of the various drugs put into an intravenous fluid. (The pharmacist is trained to scrutinize the ingredients of medications prescribed for patients.)

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HIS HANDS ARE WORKING in an area which is 99% sterile. Staff pharmacist Tom Schwarztrauber works inside the microvoid, or clean air center, when adding medications to intravenous solutions.



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Connie Barton, Manager
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Associate Editor

Questions on Ethics and Transplanting Human Organs

(Continued from Page 1)

is electrical activity in the brain which indicates that irreversible change has not occurred.

Q: Do you consider the conquering of the body's rejection phenomenon the main problem?

Dr. Burford: Of course. I think we are close to solving this problem.

Q: Wouldn't it be better to devise artificial organs?

Dr. Burford: We haven't proven anything either way. So far, the only success has been with these natural heart implants. All that's been done with artificial devices has been the development of mechanical assistors for the heart which are placed outside the body.

Q: Why haven't they come up with

anything better that is mechanical, that wouldn't trigger the body's rejection phenomenon?

Dr. Burford: There are many problems in this area. The most important is a dependable, compact power source, that will operate more or less on an automatic basis.

Q: Is the problem basically the same with the heart transplant patient as with the liver and kidney transplant recipient?

Dr. Burford: Yes, the question is, will the organ survive or be rejected?

Q: Does the size of the donor's heart make a difference?

Dr. Burford: Any good heart is a relatively small heart. We're all going to

look for prospective donors with small hearts. No large heart is a good heart. These problems are minor and can be easily handled by the surgeon.

Dr. Neal Bricker, head of Barnes renal division, discussed the problems of kidney transplants at a recent meeting of the American Society of Nephrology. He said:

Q: What of renal transplantation?

Dr. Bricker: In theory, many of the formidable obstacles preventing the widespread utilization of hemodialysis (use of the artificial kidney) should be obviated by this procedure; for it is potentially curative, rather than palliative; and the major component of the treatment may be executed in a single procedure.

Q: What then are the problems?

Dr. Bricker: The first of these again is money. To date the cost of transplantation has not received as much attention as the cost of dialysis; but in all probability, for at least the first year the price will exceed that of artificial kidney treatments. The problem of manpower also is of major importance in any plans involving a crash program in transplantation throughout the country.

To date the critical shortage of transplantation centers relates to a significant degree to the unique skills and diversity of talents required for the successful accomplishment of kidney transplants. Moreover, an on-going transplantation program must be backed up by an on-going dialysis program. The dialysis unit must sustain patients before transplantation when the search for a satisfactory donor is being made; it must sustain some patients for a limited period of time after transplantation; finally it is essential that the dialysis unit have sufficient service facilities to accept patients on chronic hemodialysis when their transplanted kidneys ultimately are permanently rejected.

In the absence of a back-up dialysis unit, an active transplantation service runs the very real risk of backlogging with their own patients whose transplanted kidneys have been rejected and who required second, third, and even fourth transplants.

There are still other problems that continue to block a large scale expansion of kidney transplantation. Among these is the unavailability of kidneys to transplant.

Q: What can be done to provide a supply of kidneys for transplant to large numbers of patients?

Dr. Bricker: Techniques of organ preservation and/or successful use of non-human kidneys must be perfected and until kidney storage banks for cadaver kidneys do become feasible, the medical profession must come to grips with the moral and legal problems that the present use of cadaver kidneys creates.

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CIRCLE BEDS are frequently used for burn patients. Here Mrs. William Dean (left), manager of the Wishing Well Gift Shop, points out some features of a bed to Mr. and Mrs. William Kahle. Volunteers in the shop raised \$42,000 to renovate and equip this new area.

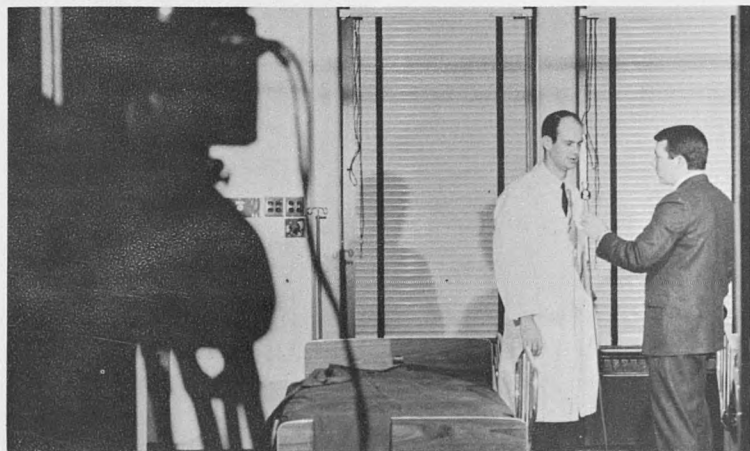


CHATTING with guests at the reception held in the unit on Dec. 28 are Dr. and Mrs. John Collins.

Volunteers Honored At Reception in Burn And Trauma Unit



AT THE RECEPTION Dr. and Mrs. Walter Ballinger (center) stop to chat with Mrs. George Linns. Mrs. Linns is head nurse in the burn and trauma unit, and Dr. Ballinger is surgeon-in-chief at Barnes.



TELEVISION crews from all three St. Louis stations came out to the hospital the last week in December to televise the facilities in the new burn and trauma unit. Here Jim Hale (right) of KTVI-TV interviews Dr. John Collins, assistant surgeon.



A LARGE TREATMENT room is just adjacent to the new unit. It features basins, showers, a large bathtub (foreground) and an area where the staff can prepare the silver nitrate dressings used on burns. Here, Dr. and Mrs. Stanley Katz (left) tour the unit with Mrs. Nick Carter.

Transplants

(Continuer from Page 2)

Q: How do you determine death?

Dr. Bricker: Morally the physician must have some objective criteria for differentiating between biologic life and meaningful life in a potential kidney donor who is being maintained alive by virtue of mechanical devices. Given a patient with severe brain damage, a statistical chance of functional recovery of less than one in a thousand, and permission of the next of kin to remove the kidney following death, what are the responsibilities of the physician? If there is spontaneous heart action, can the mechanical support of respiration be terminated electively? In short can we establish a moral and legal definition of death in the presence of continued biologic life? And on a purely legal basis, can we affect the passage of appropriate legislation in all states in this country which will permit effective utilization of potential donors once we resolve the moral and ethical problems?

Rev. Ernest Koch

Lutheran Chaplain

Barnes Hospital Group:

Q: Do you see any ethical problems involved in transplanting human organs?

Chaplain Koch: There are bound to be ethical considerations. But the offer of a usable organ to any other human being would be entirely in thought with the individual laying down his life for someone else. I see no difference in this or in giving one's blood to help an individual stay alive. The contribution of medical science is no problem. God has indicated to man to subdue the earth to serve man's purposes. So man can serve another man through science to help preserve life. This poses no real spiritual problem. This achievement again points up the high regard people have for human life. Prolonging life is another step along the road of enlightenment.

Q: Many physicians seem to be concerned with establishing criteria which more precisely define death. Would you comment on this?

Chaplain Koch: Because the medical men are asking these questions, I feel the theologians will be discussing this more and more. I am sure the whole problem will be thoroughly aired by all groups. We cannot foresee some of the questions which might come up because of a multiplicity of human transplants in future years. But I feel that future legislation will probably be dictated by whatever is needed. The very fact that the medical men are asking these questions shows their high regard for human life. They certainly aren't going to do anything foolhardy. For all we know, a workable mechanical heart may take care of any ethical problems involved in transplants.

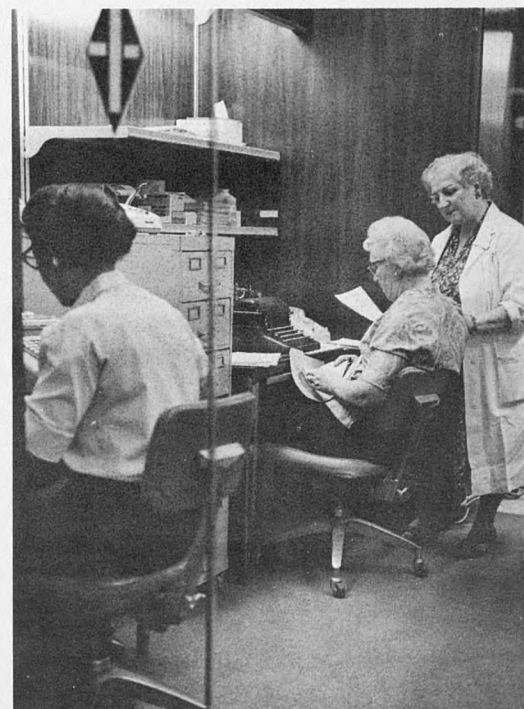
Rx 450,000 Prescriptions Filled in '67



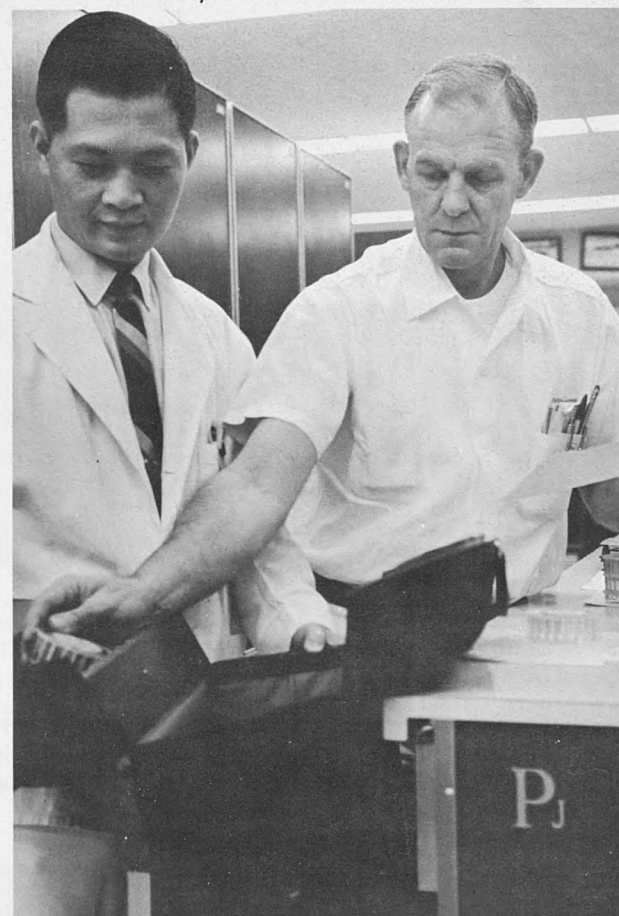
PREPARING OUTPATIENT prescriptions are Paul Menges (left), pharmacy supervisor, and Max Leber, staff pharmacist. The staff always work in pairs so that every prescription filled is double checked.



PRESCRIPTIONS are prepared here for patients hospitalized at Barnes by (left to right) Robert Collins and John Chisolm, staff pharmacists, and John Zahradka, supervisor. When completed, they are delivered to the nursing floor by pneumatic tube or dispatch messenger.



CHECKING ON DRUGS ordered from pharmaceutical companies, Mrs. Florence Mueller (standing), chief pharmacist, goes over some papers with Mrs. Bertha Buck, clerk typist. At left, Mrs. Johnifer Oldham, secretary, records prescriptions at her desk. The pharmacy's office was recently expanded and now extends into part of an area formerly used for the store.



PLACING NARCOTICS into a special carrying case is John Zahradka (right), pharmacy supervisor, assisted by Chun Chiu, pharmacist technician.

Wide Scope Of Pharmacy Service

(Continued from Page 1)

In addition to this special service, unique to any pharmacy in St. Louis, Barnes' pharmacists provide medications for inpatients, clinic patients and patients of doctors who have offices at the medical center. In 1967, the central pharmacy in Queeny Tower filled more than 450,000 prescriptions. Retail pharmacies in the area referred some of these persons to the hospital pharmacy when they were unable to supply a customer with a certain prescription. The

clinic pharmacy on the first floor of the Wohl Clinics building prepared more than 66,550 prescriptions last year.

The central pharmacy has 13 registered pharmacists and five part-time pharmacists. It also provides clinical experience for five student pharmacists. In addition, it has pharmacy aides, four technicians, and a clerical staff. The clinic has three registered pharmacists, one aide and two clerk typists. A total

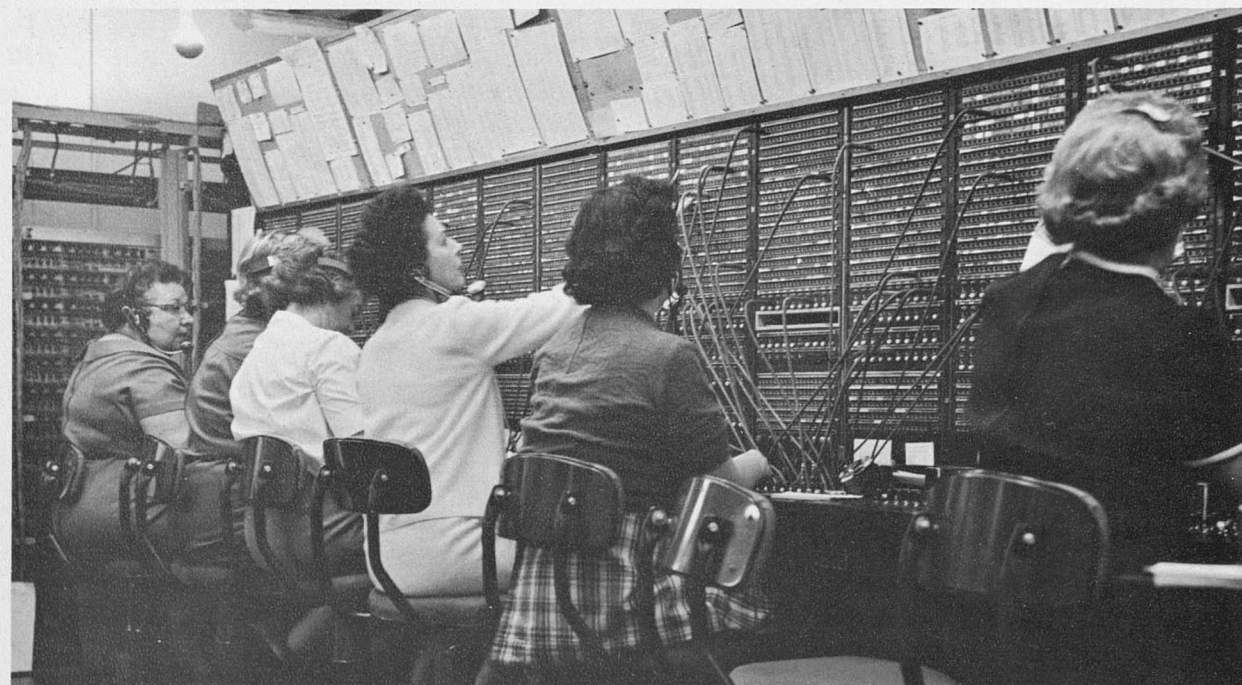
of 45 employees work in both pharmacies.

Barnes is the only hospital in the St. Louis area with a pharmacist on duty 24 hours a day, every day of the year. Because of this continuous service, the complete stock, and a large staff, Barnes Hospital pharmacy was called upon to fill 45 prescriptions from outside the medical center to accommodate persons having urgent need of drugs and not able to get them elsewhere.



PREVIEWING the new eight-position switchboard last month in a room adjacent to the old telephone room, are two of Barnes operators, Mrs. Evelyn Case (standing) and Mrs. Agnes Bardot. The board gives each operator a more compact area to work when plugging in her calls.

THE OLD SWITCHBOARD (above) will be torn out to make room for other medical center offices. On the old board the operators had to look up for information tacked above their heads. The new board features a wide shelf at table-level so that the operators may more easily read pertinent information at a glance.



Communications

the vital lines

linking the Barnes Complex

For the person who phones into Barnes Hospital, the message is the same. "Medical Center" says the operator before she connects the caller with one of the 1,450 stations inside the complex. But behind the scenes, Barnes employees know . . . there've been some changes made.

Since January 27, the operators have been working at a new switchboard from which calls can be handled more efficiently and which should provide improved telephone service to medical center personnel. The new eight-person board is located in a room just adjacent to the old.

Thousands of new wires were installed during 1967 in preparation for the switch-over from the old seven-person board. At no time could the workmen shut down the board because the hospital is dependent on these communications 24 hours a day. Towards the end of the job, as many as 20 men were hand-lacing the wires on the new board and in the telephone equipment room in Barnes basement.

The need for a larger, more flexible switchboard is one more sign of the center's expansion. The new board can eventually be used to service 2,100 stations—a 600 station increase from the old board. The equipment is rented on a monthly basis from the telephone company. Eight operators presently can handle the busiest times of the day. But when expansion is necessary and more phones are added, it will be possible for two additional operators to join them.

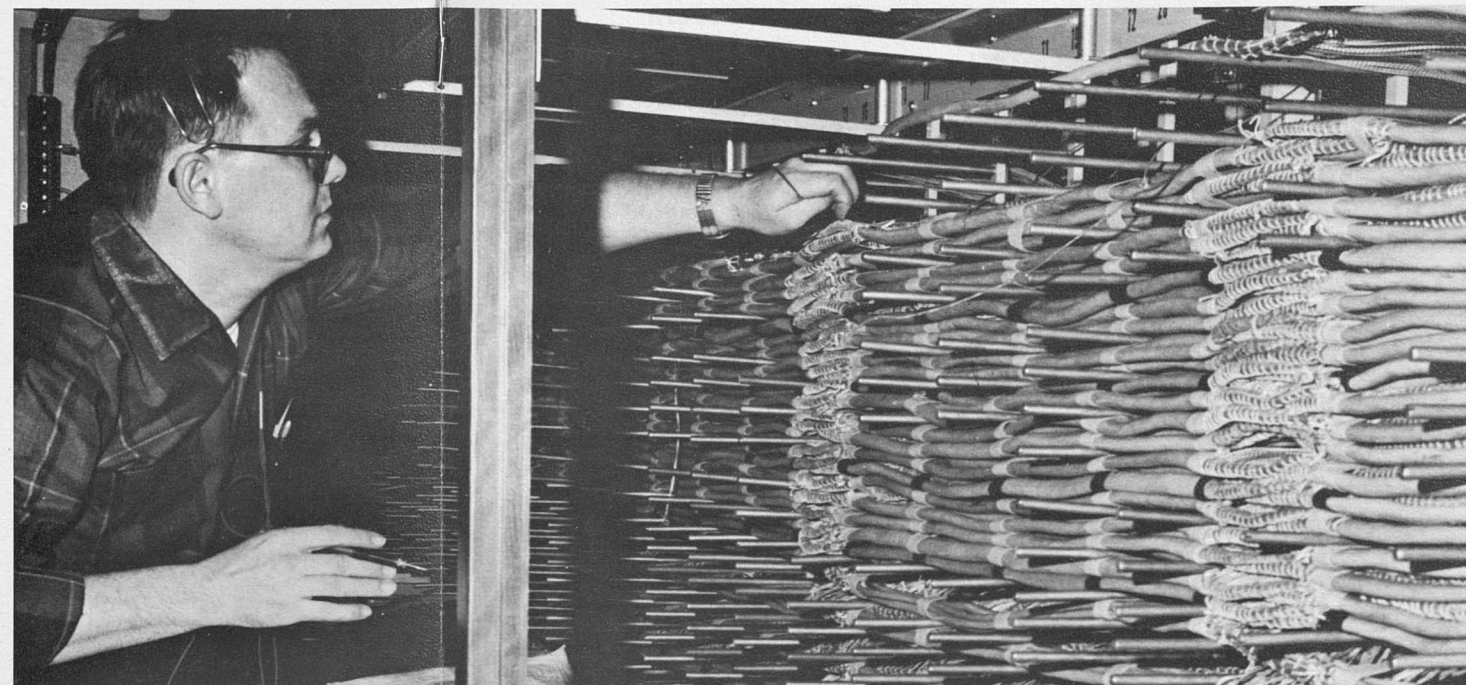
Of the 1,450 present stations, 450 are phones in patient rooms, 600 are located at nursing stations or hospital offices, with the remaining 400 at Washington University School of Medicine. All of these stations can be reached by dialing FO 7-6400.

The new board gives the Barnes employee an easier method of transferring calls within the medical center. Example: If someone outside phones Sta. 265, and after he talks to this party he wishes to talk to Sta. 3166, the person at Sta. 265 presses on his receiver button just once. This automatically begins a flashing light on the switchboard, which will continue to flash until the operator comes in on the line. She will then transfer this call.

In the past, transferring calls required a repeated pressing on the receiver button, and many times this method did not flash correctly to notify the operator.

(Continued on Page 7)

WELDING wires and cables onto the back of the new switchboard is an employee from Western Electric, the company which installed the board. All of these hand-laced wires are cabled downstairs to the equipment room where they are automatically connected to the correct stations.



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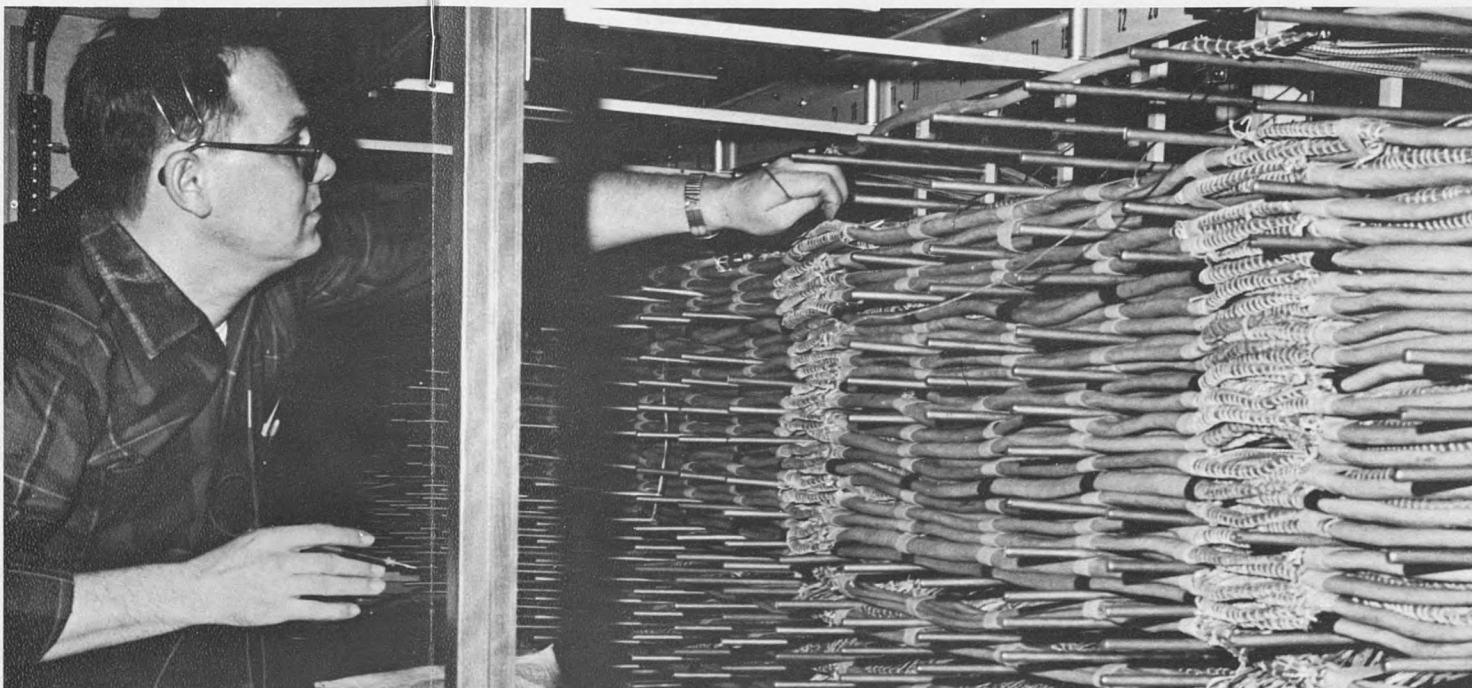
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THE EQUIPMENT ROOM in Barnes basement houses the thousands of wires and switches for both internal and outside calls. Here Clarence Bopp (left), communications co-ordinator, discusses a new system with a representative from the telephone company. The room has more equipment than is found in many whole towns in Missouri.

Over The Wires

"It's a busy, serious business," said Rose Tullmann, Barnes chief switchboard operator who has worked at the medical center for more than 30 years. "Almost every call that comes in is of a serious nature. The girls have to be alert — quick to handle any emergency which might arise."

There's a lighter side too. Miss Tullmann tells of persons who phone in and ask for the "gin clinic." Of course they want to be connected with the OB-GYN clinic.



Miss Tullmann

'Fair Share' Citation Goes to Barnes Hospital

United Fund Presents Award at Luncheon

Barnes Hospital was honored as a "fair share giver" at a United Fund luncheon Jan. 9 at the Chase-Park Plaza Hotel. During the October 1967 campaign, St. Louis area firms pledged \$11,906,779 for the United Fund.

Of the 776 firms participating, 380 reached their fair share goals. Plaques were given to each of the "fair share" firms after the luncheon in the foyer of the Khorassan Room.

Six from Barnes Hospital attended the luncheon. Barnes employees pledged \$37,447 during the campaign, exceeding their \$33,000 fair share goal by \$4,447. This was the first year Barnes employees made the goal set by the United Fund.

Photo at right

AT THE AWARDS LUNCHEON Miss Nancy Craig (left), assistant director, and Mrs. Marie Rhodes, nursing service, accept a citation which names Barnes Hospital employees "fair share givers."



Chaplain's Corner

By Chaplain George A. Bowles

"There just doesn't seem to be any JUSTICE in the world" is a quote that has been heard by about every person that has lived in our environment. Some eras have made such a statement more popular than others, but we have always had the people who have found it so easy and convenient to say.

It is interesting to remember a few of these eras when such a philosophy of life was voiced. Some of us can remember how the absence of justice was pointed out during World War I. Not long after the close of hostilities America experienced the great crash of the stock market when individuals, families, and businesses were wiped out in a material way. The great depression followed three years later. Banks across the nation were closed, and many did not open again. World War II came along to reach into the way of material living for every home even more. After a brief lull there was the war in Korea, and now other conflicts in many places. You can probably think of other events that should be included.

From a review of all of these we can turn back to our original quote, "There just doesn't seem to be any justice in the world." In spite of all that we could point up in support of the quote, there is actually much justice around among the members of the human family. Unless we believe this enough to help create our part of it, we are not likely to discover much justice. This is an everlasting quality of life that is beautiful and worthwhile. It will continue to survive all of the turmoil that man flings against it.



'Human Evolution' Is Terry Lecture Topic

"Human Evolution" was the topic of the sixteenth Robert J. Terry lecture Jan. 18 at W. U. School of Medicine. The speaker was Dr. L. S. B. Leakey, honorary director of the National Centre of Pre-History and Palaeontology in Nairobi, Kenya.

Dr. Leakey, who has made many fossil discoveries in East Africa, says that he now sees the separation of the ape stock from the human stock in the very remote past. He says that there is evidence that the earliest known Australopithecines, or near-men, were contemporary with very early true men, Homo habilis. He feels that it is likely that the two shared a common ancestor somewhere back in Upper Miocene times.

Visiting Professor From London Talks On Child Psychiatry

Dr. Michael L. Rutter, senior lecturer and honorary consultant at the Institute of Psychiatry, Maudsley Hospital, London University, was visiting professor in the W. U. department of psychiatry last month.

During the past ten years, he has published more than 36 papers on different aspects of child psychiatry. During his visit he participated in the major departmental activities, including lectures and conferences with psychiatry residents and interns at Barnes.

Two topics he discussed the week of Jan. 14-20 were "Dyslexia and Delinquency" and "Classification and Child Psychiatry: A Discussion of the Tentative W. H. O. Classification."

The Terry Lecture was established in 1938 by alumni and friends of the medical school to honor Dr. Terry, who was chairman of the anatomy department until his retirement in 1941. Dr. Terry died in 1966 at the age of 95.

O.R. Nurses Attend Teaching Program

By Mrs. Eileen Moehrle, R.N.
Staff Development

The week of Dec. 3, Miss J. Bell and Miss L. Frey, Barnes O.R. nurses, Miss Ruth Snyder, Nursing School, and Mrs. Eileen Moehrle, staff development, attended the micro-teaching program at the Asilomar Conference Grounds on the Monterey Peninsula north of Pebble Beach, Calif.

The rustic accommodations were scattered among huge pines and provided comfort and moments of enjoying the beautiful atmosphere of the Pacific Beach. There were no long formal lectures. We were the teacher and the taught.

We met in small fireside groups under the guidance of master teachers to plan programs, to teach and to discuss typical instructional situations. "Micro-teaching" is so called because it is micro (5 minutes per lesson) and the student group micro (3). It is a new technique of practice-teaching, using master teacher supervisors and closed circuit television. Every participant was able to undergo an analysis of her strong and weak points of teaching by observing the video-tape replay. With the assistance of the master teacher, we reorganized the lesson and retaught the lesson again.

In addition to taking part in the learning by doing micro-teaching program, we were given material by prom-

Mr. Joseph Dieckmann, 5,000-Hr. Volunteer, Died Jan. 3 at Barnes



Joseph Dieckmann, volunteer at Barnes Hospital for 4½ years, died Jan. 3 of cancer at the hospital. He was 63 years old.

Mr. Dieckmann

Mr. Dieckmann was honored several times for his volunteer service here. He was night chairman of the volunteer department for three years. From May, 1963, until December, 1967, he volunteered a total of 5,143 hours in the evenings and on weekends.

Mr. Dieckmann was employed at General American Life Insurance Co. for 49 years, joining the firm in 1919 at the age of 15. He began as an office boy and was steadily promoted. On his death he was supervisor of all the beneficiary and settlement options procedures for the entire company.

He was first hospitalized for chest surgery last June. When he was able, he returned to the hospital to continue his volunteer work. From August to December he contributed more than 500 hours. On Dec. 16 he was again hospitalized on 2200 where he died last month.

A bachelor, Mr. Dieckmann is survived by two brothers and one sister, nieces and nephews.

inent educators in learning theory, teaching techniques, communications and semantics. After each presentation we had group discussions with the participation of the lecturer.

Upon leaving the workshop we were surely not polished or experienced teachers, but felt we had gained new insights into the teaching role of a professional nurse.

Promotions, Transfers Of Nurses Announced

Miss Jeanne Cooper has been transferred from head nurse on 5 South McMillan to head nurse on 7100.

Mrs. Floyce Scherrer has been transferred from head nurse on 5 North McMillan to head nurse on 7 McMillan.

Mrs. Minerva Bennett has been transferred from head nurse on 7 McMillan to head nurse on 5 McMillan.

Miss Angela Leal has been promoted to assistant head nurse on 10100.

Miss Patricia Hiner has been promoted to assistant head nurse on 3 Wohl.

Effective Jan. 25, Mrs. Marcella Hoffman is the permanent night O.D.



FORMAL OPENING of the new McMillan Coffee Shop took place last month with a ribbon cutting ceremony. Here Robert Nelson (center), assistant director, wields the scissors as George Meyer, president of Servomation Midwest, and Mrs. Irene Hutchinson, hostess, lend helping hands.



ENJOYING free coffee and doughnuts in the McMillan Coffee Shop are these medical center employes on the first morning the shop was opened. The treat was from Servomation, the company which operates the shop. The area has been redone in an English decor.

Communications

(Continued from Page 4)

Time was wasted, because the outside caller often had to hang up and redial FO 7-6400.

Another advantage of the board is a flexibility which allows any call to the operator to be transferred to any of the other operators.

The new board is more efficient for the operator to handle. Sixty per cent of the stations are located immediately in front of her; on the old board only one-third were centrally located, and this required reaching across to the left or right to make connections for two-thirds of her calls.

Operators Benefit

The operators will benefit because they will no longer have to ring a station manually when they plug in an outside line. The phone will automatically ring as soon as it is plugged. The board also features more comfortable lower seats and deeper shelves in front so that pertinent information can be readily seen.

Regarding inside calls, new facilities have been installed in the equipment room to provide more efficient handling of calls between station to station. The automatic equipment which permits internal dialing has been at Barnes since the 1930s. It was installed at the same time as the facilities which allow the "Dial 9" for outside calls. Dialing outside should be faster now too because new equipment makes more outside lines available for each station.

Biggest Change

The new system is the biggest change in Barnes telephone service in the past 30 years.

Representatives from the telephone company say the medical center has as much equipment installed here as in many medium sized Missouri towns.

Nursing Grand Rounds

4 p.m. February 20

Schwarz Auditorium

A la Carte Becomes Coffee Shop With Cafeteria in English Decor

The A la Carte Room in the basement of McMillan Hospital became the McMillan Coffee Shop when it re-opened as an entirely new type of food service on Jan. 10.

The area has been remodeled in an English decor, and now features a fast-service snack bar and cafeteria line, replacing the grill and automatic food dispensing equipment formerly housed there.

The permanent daily menu includes hamburgers, cheeseburgers, fried chicken, soup, chili, French fried potatoes,

salads, pastries, soft drinks, milk shakes, coffee and milk. In addition, a different hot entree will be offered each day, including these dishes: Beef stew, chicken and dumplings, jack salmon, tuna and noodles, liver and onions, and wieners and Spanish rice.

Another feature of the shop is a custom sandwich bar and a carryout service. Room service will be available at a later date.

The shop is open Monday through Friday from 7 a.m. to 4 p.m. Free coffee and doughnuts were served from 9 to 10:30 a.m. on its first day of operation.

Billie Nelson Is February Messenger of Month



CONGRATULATING Messenger of the Month Billie Nelson (seated) is Jackie Diebold in the dispatch office.

Miss Billie Nelson, dispatch messenger No. 44, has been named escort messenger of the month.

Miss Nelson, who has been at Barnes for eight months, works as secretary in the mail room on Tuesdays. In addition she operates the address label machine and performs regular escort duties in the department.

A graduate of Wilmar High School in Wilmar, Ark., Miss Nelson now lives with her sister's family in St. Louis. She has seven brothers and three sisters. Her sister, Mrs. Bobbie Lee, is a supervisor in dispatch.

Miss Nelson is entering Forest Park Community College this month, and will continue to work part time at

\$10 Million Addition To Medical School Under Construction

Construction has begun on the new McDonnell Medical Science Building just east of Washington University School of Medicine. The \$10 million structure will be nine stories high and made of brick and limestone to complement existing structures.

The expansion of the medical school will enable the University to teach 436 medical students. Present enrollment is 350. Students in other fields of medicine will also benefit from the facilities.

The first five floors will house administrative offices, teaching laboratories, research areas, lecture rooms, a bookstore and a cafeteria. The sixth floor will house maintenance equipment, and the top three floors will be built as shell floors to provide for future expansion.

The departments of anatomy, biological chemistry, microbiology, pharmacology and physiology will be located in the new addition.

The James S. McDonnell family has pledged more than \$4.7 million toward construction of the building. A U. S. Public Health Service grant is providing an additional \$4.3 million for construction.

A Reminder
Alumnae of the Barnes Hospital
School of Nursing! Please pay
your alumnae association dues
before March 1.

Barnes. She is interested in the field of social work and psychology.

She enjoys bowling, sewing, all kinds of music, dancing and reading poetry, especially Edgar Allan Poe.

She was rated on the qualities of punctuality, reliability, appearance, attitude, improvement, courtesy, patient interest and productivity by a panel of four.

Health Careers Workshop Focuses On Mature Woman

A "Jobseekers Workshop," cosponsored by Washington University School of Medicine and Associated Hospitals and the Missouri Employment Security Department, will be held Friday, Feb. 16, in Clopton Auditorium.

The day-long conference is for women of all ages who are interested in hospital and health service jobs. The program is designed to tell "mature women" about the types of jobs available, opportunities in the field, and qualifications needed to enter a particular job.

Mrs. Ruth Dodge, co-ordinator of the workshop, says that aptitude, motivation and good health are often more important than age in health careers. She encourages everyone to come and see where they might fit into the hospital setting. The workshop is for the persons with job experience as well as the person with little or no experience in the field.

The workshop includes five speakers who are actively involved in nursing administration, education and other related fields. Luncheon will be at 12 noon. A skit on health careers will be presented by the women's auxiliaries of Barnes and Jewish Hospitals.

A registration fee of \$1.50 will be charged. Interested persons should phone Mrs. Ruth Dodge, FO 7-8080, Ext. 686.

Radiology Fellow Named

Dr. Mark D. Eagleton, Jr., assistant radiologist at Barnes, is among 87 radiologists to be inducted as fellows of the American College of Radiology during the annual meeting of the College, Feb. 6-10, in Chicago.

Patient Celebrates 48th Anniversary



CELEBRATING 48 YEARS together are Mr. and Mrs. Richard Cunningham with the nurses on the seventh floor of Maternity Hospital. Mrs. Cunningham, a patient, was surprised on her big day with an anniversary cake from Mrs. Adelaide Moellenhoff (left), head nurse, Mrs. Carolyn Klinger, R.N., and other nursing staff on the floor.

Staff Moves Into New Areas As Renovation Continues



OPENED as an acute care nursing division the first week in January was the eleventh floor of Queeny Tower. The medical floor has 32 patient beds. The nursing staff formerly operated the eighth floor of Rand-Johnson. Here, Mrs. Janice Moore, LPN, is on her way to answer a patient's call light as Mrs. Dorothy Jones, Central Service aide, delivers some sterile supplies to the division.

3-Day Nuclear Medicine Meeting Here

Lecturing at the postgraduate symposium in nuclear medicine Jan. 17-19 were three men from Mallinckrodt Institute of Radiology — Dr. James Potchen, an assistant radiologist at Barnes, Dr. Michel Ter-Pogossian, director of the radiophysics section, and Dr. Michael Welch, assistant professor of radiochemistry at W. U. They were among the 19 men who comprised the faculty for the three-day conference.

More than 120 persons from the United States and Canada attended the lectures.

The first day of the symposium gave

an introduction to nuclear medicine with lectures and demonstrations on brain scanning, reography and renal scanning, thyroid studies, bones scanning, colloid scanning, anatomy and physiology of lung scanning and clinical lung scanning. The second day was devoted to the kind of equipment and techniques used, with a study of scanners and cameras. The third day covered clinical radioisotopes, with lectures on short-lived isotopes, labeling, radioalbumin colloids and microaggregates, inorganic radiocolloids, technetium compounds, indium compounds and radioactive gases.

Familiar to the ears of Barnes Hospital employees are the sounds of drills and hammers, as workmen continue to renovate and expand numerous areas of the medical center.

Early in January a new acute care nursing division was opened on the eleventh floor of Queeny Tower, bringing the total number of acute care beds in the Tower to 124.

The new division of 32 beds is a medical floor and is staffed by the nursing personnel formerly on the eighth floor of the Rand-Johnson building. This division, 8200, is now being used for patients formerly hospitalized on 5200 while the fifth floor is under renovation.

During past months an air conditioning system has been installed in the School of Nursing residence. The one-story addition which faces Barnes Hospital Plaza is on schedule, and various departments will be relocated into this building around March 1. The addition will house Central Service and Dispatch.

Early in January, inclement weather stopped some of the work on the Rand-Johnson elevator addition, but as the weather warmed, the bricklayers began approaching new heights on the shaft.

Before Barnes Admissions Office is relocated on the ground floor of Rand-Johnson around August, the offices now in that area will receive new destinations: Roy Andrews, methods director, to the old switchboard room; Mrs. Mary Shannon, infection control co-ordinator, and Miss Nancy Craig, assistant director, to the old Dispatch Office; Mrs. Martha Ramsey, forms control co-ordinator, to the Crest Room, and Walter Hanes of personnel will move temporarily into the old Dispatch Office.

Later on, the Blue Cross office and Patient Accounts will be moved into the new admissions area, and then Mr. Hanes will move into an area next to the main personnel office.

The dietary department will be expanding south on the ground floor.

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